# **Application Data Sheet**

Application Information	
Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	MICROFLUIDIC PROTEIN CRYSTALLOGRAPHY
	TECHNIQUES
Attorney Docket Number::	20174C-004960US
Request for Early Publication::	No
Request for Non-Publication::	Yes
Suggested Drawing Figure::	
Total Drawing Sheets::	53
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No .
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	NSF

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Initial 3/26/04

National Institute of Health Grant CA 77373

**NSERC** 

David H. and Lucille M. Packard Foundation

G. Harold and Leila Y. Mathers Charitable

Foundation

Secrecy Order in Parent Appl.::

No

**Applicant Information** 

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

Canada

Status::

**Full Capacity** 

Given Name::

Carl

Middle Name::

Family Name::

Hansen

Name Suffix::

City of Residence::

Pasadena

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

438 S. Catalina #204

City of Mailing Address::

Pasadena

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 91106

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

Stephen

Middle Name::

R.

Family Name::

Quake

Name Suffix::

City of Residence::

San Marino

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Initial 3/25/04

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 744 Plymouth Road

City of Mailing Address:: San Marino

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 91108

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: James

Middle Name:: M.

Family Name:: Berger

Name Suffix::

City of Residence:: Kensington

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 47 Arlington Ct.

City of Mailing Address:: Kensington

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94707

#### **Correspondence Information**

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An appn claiming benefit under 35 USC 119(e) of	60/527,625	12/05/03
This application	An appn claiming benefit under 35 USC 119(e) of	60/527,168	12/05/03
This Application	Continuation-in-part of	10/637,847	08/07/03
10/637,847	Continuation-in-part of	10/117,978	04/05/02
10/117,978	An appn claiming benefit under 35 USC 119(e) of	60//323,524	09/17/01
10/117,978	Continuation-in-part of	09/887,997	06/22/01
09/887,997	Continuation-in-part of	09/826,583	04/06/01

## **Foreign Priority Information**

Country::

Application number::

Filing Date::

#### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::